



# City of West Columbia

*Bridging Past, Present and Future*

## Back Flow Device Test Report Form

Account Name/Business Name: \_\_\_\_\_ Date: \_\_\_\_\_

Account Address: \_\_\_\_\_

Account Number: \_\_\_\_\_ Meter Number: \_\_\_\_\_

Device Name: \_\_\_\_\_ Device Location: \_\_\_\_\_

Model Number: \_\_\_\_\_ Serial Number: \_\_\_\_\_ Size: \_\_\_\_\_

Tested by (Print): \_\_\_\_\_

	Check No. 1	Check No. 2	Air-Inlet Valve or Relief Valve	#1 Gate or Ball (Circle One)	#2 Gate or Ball (Circle One)
<b>Test before repairs</b>	(Mark One) Leaked _____ Closed tight _____	(Mark One) Leaked _____ Closed tight _____	Opened at _____ lbs. Differential Pressure	(Mark One) Leaked _____ Closed tight _____	(Mark One) Leaked _____ Closed tight _____
	Diff Press _____	Diff Press _____			
<b>Repair and New Materials</b>					
<b>Test After Repairs</b>	(Mark One) Leaked _____ Closed tight _____	(Mark One) Leaked _____ Closed tight _____	Opened at _____ lbs. Differential Pressure	(Mark One) Leaked _____ Closed tight _____	(Mark One) Leaked _____ Closed tight _____
	Diff Press _____	Diff Press _____			

**Above data certified to be correct.**

Tester Signature: \_\_\_\_\_ Certification Number: \_\_\_\_\_

Company Name: \_\_\_\_\_ Company Telephone Number: \_\_\_\_\_

Category: \_\_\_\_\_ General: \_\_\_\_\_ Limited: \_\_\_\_\_ Inspector Tester

Method of Testing: \_\_\_\_\_ Test Kit Used: \_\_\_\_\_

Comments: \_\_\_\_\_